

CHAPTER 11
SECTION 2.1
ENCLOSURE 3

DD 1251 (SAMPLE)

UNIFORMED SERVICES MEDICAL TREATMENT FACILITY NONAVAILABILITY STATEMENT (NAS)		REPORT CONTROL SYMBOL
<p style="text-align: center;"><u>Privacy Act Statement</u></p> <p><u>AUTHORITY:</u> 44 USC 3101, 41 CFR 101 et seq., 10 USC 1066 and 1079, and EO 9397, November 1943 (SSN).</p> <p><u>PRINCIPAL PURPOSE:</u> To evaluate eligibility for civilian health benefits authorized by 10 USC, Chapter 55, and to issue payment upon establishment of eligibility and determination that the medical care received is authorized by law. The information is subject to verification with the appropriate Uniformed Service.</p> <p><u>ROUTINE USE:</u> CHAMPUS and its contractors use the information to control and process medical claims for payment; for control and approval of medical treatments and interface with providers of medical care; to control and accomplish reviews of utilization; for review of claims related to possible third party liability cases and initiation of recovery actions; and for referral to Peer Review Committees or similar professional review organizations to control and review providers' medical care.</p> <p><u>DISCLOSURE:</u> Voluntary; however, failure to provide information will result in denial of, or delay in payment of, the claim.</p>		
1. NAS NUMBER (Facility) (Yr-Julian) (Seq. No.)	2. PRIMARY REASON FOR ISSUANCE (X one)	
	a. PROPER FACILITIES ARE TEMPORARILY NOT AVAILABLE IN A SAFE OR TIMELY MANNER	
3. MAJOR DIAGNOSTIC CATEGORY FOR WHICH NAS IS ISSUED (Use code from reverse)	b. PROFESSIONAL CAPABILITY IS TEMPORARILY NOT AVAILABLE IN A SAFE OR TIMELY MANNER	
	c. PROPER FACILITIES OR PROFESSIONAL CAPABILITY ARE PERMANENTLY NOT AVAILABLE AT THIS FACILITY	
	d. IT WOULD BE MEDICALLY INAPPROPRIATE TO REQUIRE THE BENEFICIARY TO USE THE MTF (Explain in Remarks)	
4. PATIENT DATA		
a. NAME (Last, First, Middle Initial)	b. DATE OF BIRTH (YYMMDD)	c. SEX
d. ADDRESS (Street, City, State, and ZIP Code)	e. PATIENT CATEGORY (X one)	f. OTHER NON CHAMPUS HEALTH INSURANCE (X one)
	(1) Dependent of Active Duty	
	(2) Dependent of Retiree	(1) Yes, but only CHAMPUS Supplemental
	(3) Retiree	
	(4) Survivor	(2) Yes (List in Remarks)
	(5) Former Spouse	(3) No
5. SPONSOR DATA (If you marked 4e(3) Retiree above, print "Same" in 5a.)		
a. NAME (Last, First, Middle Initial)	b. SPONSOR'S OR RETIREE'S SOCIAL SECURITY NO.	
6. ISSUING OFFICIAL DATA		
a. NAME (Last, First, Middle Initial)	b. TITLE	
c. SIGNATURE	d. PAY GRADE	e. DATE ISSUED (YYMMDD)
7. REMARKS (Indicate block number to which the answer applies.)		

TRICARE/CHAMPUS POLICY MANUAL 6010.47-M DEC 1998
CHAPTER 11, SECTION 2.1, ENCLOSURE 3
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INSTRUCTIONS TO THE PATIENT Concerning use by the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)	
<p>1. The medical care requested is not available to you at a Uniformed Services Medical Treatment Facility (USMTF) in this area.</p> <p>2. This form does NOT guarantee that CHAMPUS will cost share your care.</p> <p>a. If you receive medical care from civilian sources and such care is determined to be authorized care under CHAMPUS, it will be cost shared by the Government to the extent that the program permits, provided such care is not obtained in a facility which discriminates in its admission and treatment practices on the basis of race, color, or national origin.</p> <p>b. If you receive medical care from civilian sources and it is determined that all or part of the care is not authorized under CHAMPUS, the GOVERNMENT WILL NOT PAY for the unauthorized care.</p> <p>c. The determination of whether medical care you receive from civilian sources is covered under CHAMPUS can not be made at this time because this determination depends, among other things, upon the care you actually receive and not upon the statement regarding your condition or diagnosis made on this form.</p> <p>3. This form must be presented with your Uniformed Services Identification and Privilege Card when you obtain civilian medical care. For your claim to be processed, you must be enrolled in the Defense Enrollment Eligibility Reporting System (DEERS).</p> <p>4. This form is valid only for medical care requested from and determined not available at a Uniformed Services medical treatment facility in this area.</p> <p>5. An NAS shall normally be valid only for a hospital admission or the indicated outpatient procedure within 30 days of issuance for the specialty code noted on the NAS. For inpatient care, it will remain valid from the date of admission until 15 days after discharge for any other required treatment that is directly related to the original admission, with the following exceptions:</p>	<p>a. In maternity cases, the date of admission is the date when the patient entered into the prenatal care program with a civilian provider, and the maternity NAS shall remain valid for 42 days following termination of the pregnancy. A retroactive NAS may be issued for maternity care, but not a chronic care NAS.</p> <p>b. If a newborn infant remains in the hospital continuously after the discharge of a CHAMPUS eligible mother, the mother's NAS shall be valid for the infant in the same hospital for up to 15 days after the mother's discharge. Beyond this 15 day limit, the beneficiary must request the issuing facility to make a determination on the availability of care for the infant and to issue an NAS for the infant if the requirements of these instructions are met.</p> <p>c. If an active duty service member gives birth in a civilian hospital and there are charges for the care of the infant, an NAS is required for the infant if the infant's stay is for four or more days. (At that point, the infant is considered to be a new CHAMPUS eligible patient in his or her own right.)</p> <p>d. If you do not use this form within 30 days, or if you have questions about the expiration of the form, you should check with your local Health Benefits Advisor (HBA) prior to your admission to the hospital. If you do not use this form, return it to the issuing Uniformed Services medical treatment facility.</p> <p>6. If you have further questions regarding this form or your CHAMPUS benefits, you should talk with your local Health Benefits Advisor, the CHAMPUS Fiscal Intermediary for your area, or the <u>Beneficiary and Provider Relations Division, Office of CHAMPUS</u>, Aurora, Colorado 80045-6900.</p> <p>I HAVE REVIEWED AND UNDERSTAND, THE ABOVE INSTRUCTIONS</p> <p>PATIENT'S SIGNATURE</p>
INSTRUCTIONS FOR COMPLETING DD FORM 1251	
<p>This form can be issued only in accordance with the provisions of DoDI 6015.10, "Issuance of Nonavailability Statements," as implemented by the issuing facility's host Service (AR 40-121, NAVMEDCOMINST 6320.3 AFR 168.9, PHS General Circular No. 6, CGCOMDTINST 6320.11b, NOAA CO.4).</p> <p>The issuing officer or designee should brief the recipient on the instructions to the Patient on the front of this form. However, if the patient is not enrolled in DEERS, and the HBA has reason to believe the individual is entitled to care, issue a "conditional" NAS and advise the patient that the claim will not be considered until the DEERS enrollment is complete.</p> <p>If the NAS is being issued retroactively (after the date the patient was admitted to the hospital), the last three digits of the NAS Number, Block 1, must be between 900 and 999 and an explanation provided in Block 7, "Remarks." If this condition is not met, the CHAMPUS Fiscal Intermediary will reject the claim.</p> <p>1. Enter an NAS Number.</p> <ul style="list-style-type: none">•The first four digits are the Defense Medical Information System (DMIS) facility identifier.•The next four digits represent the date the form is issued. It consists of the last digit of the year plus the Julian Date. (For example, if the date is 1 January 1988, these digits would be 8001.)•The final three digits are the facility sequence number:•Numbers 000 through 699 may be assigned in accordance with the implementing instructions of the issuing facility's host Service.•Numbers 700 through 799 are assigned to retroactive chronic care.•Numbers 800 through 899 are assigned to NASs issued for chronic care and are valid for one year from date of issuance.•Numbers 900 through 999 are assigned to NASs issued retroactively. <p>2. Made the appropriate box.</p> <p>3. Enter the code for the major diagnostic category for which the NAS is being issued from the following list. For further information on what goes into each category, consult the Diagnostic Related Group (DRG) Definitions Manual.</p> <p>01 Diseases and Disorders of the Nervous System 02 Diseases and Disorders of the Eye 03 Diseases and Disorders of the Ear, Nose and Throat</p>	<p>3. Codes (Cont'd)</p> <p>04 Diseases and Disorders of the Respiratory System 05 Diseases and Disorders of the Circulatory System 06 Diseases and Disorders of the Digestive System 07 Diseases and Disorders of the Hepatobiliary System and Pancreas 08 Diseases of the Musculoskeletal System and Connective Tissue 09 Diseases of the Skin, Subcutaneous Tissue and Breast 10 Endocrine, Nutritional and Metabolic Diseases 11 Diseases and Disorders of the Kidney and Urinary Tract 12 Diseases and Disorders of the Male Reproductive System 13 Diseases and Disorders of the Female Reproductive System 14 Pregnancy, Childbirth and the Puerperium 15 Normal Newborns and Other Neonates with Certain Conditions Originating in the Perinatal Period 16 Diseases and Disorders of the Blood and Blood-Forming Organs and Immunological Disorders 17 Myeloproliferative Disorders and Poorly Differentiated Neoplasms 18 Infectious and Parasitic Diseases (Systemic and Unspecified Sites) 19 Mental Diseases and Disorders 20 Alcohol/Drug Use and Alcohol/Drug Induced Organic Disorders 21 Injuries, Poisonings, and Toxic Effect of Drugs 22 Burns 23 Factors Influencing Health Status and Other Contacts with Health Services 60 Pediatrics (over 28 days of age) 61-74 Selected Outpatient Procedures</p> <p>4a-e. Self-explanatory.</p> <p>4f. Mark the appropriate box. If "f(2), Yes," is marked, specify the name of the insurance company and the policy number. If available, in Block 7, "Remarks."</p> <p>5a. Enter the Sponsor's name. If the sponsor is the patient, enter "Same." 5b is self-explanatory.</p> <p>6a-d. Self-explanatory.</p> <p>6e. This date should be the same as the date in Block 1 but written in YYMMDD format.</p> <p>7. Enter remarks as required by these instructions and implementing instructions.</p>

DD Form 1251, JUL 91 (Back)